

PROPOSITION 36 WAIVER FOR PROGRAM PARTICIPATION

You have committed a drug related violation and you have been determined to be eligible for drug treatment as outlined in the California Penal Code Section 3063.1 (Proposition 36). As part of your drug treatment, an assessment will be made which will determine a specific drug treatment plan that you will receive. You will participate in and successfully complete the treatment program to which you are assigned. The program could be up to one year in length with up to six months of aftercare. This treatment may be an outpatient or education program or the treatment may be a residential program. At any time during drug treatment, your treatment plan may be altered based upon your program progress and compliance. Altering your treatment plan may include, but is not limited to, more intensive treatment.

You are aware that you may be required to contribute to the cost of your placement in a drug treatment program, if reasonably able to do so.

If you are currently in custody, you will be required to report to your Parole Agent no later than the first working day following release unless otherwise directed from your Parole Agent.

You may waive your right to a parole revocation hearing and accept the above instructions. Or, you may decide not to waive the revocation hearing. Or, you may refuse participation in Proposition 36 treatment.

☐ I **waive** my right to a parole revocation hearing regarding my drug related violations of parole. I **will participate** in Proposition 36 treatment as outlined in the California Penal Code Section 3063.1. I understand that by participating in Proposition 36 placement, I agree to the above requirements and responsibilities. Failure to comply with the requirements outlined above will result in a parole violation.

Signature	CDC Number	Date
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☐ I **do not** waive my parole revocation hearing.

Signature	CDC Number	Date
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☐ I **refuse** participation in Proposition 36 treatment as outlined in the California Penal Code section 3063.1. I understand that this refusal may result in a return to prison for this violation.

Signature	CDC Number	Date
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PAROLEE'S NAME**CDC NUMBER****PAROLE UNIT****AGENT OF RECORD**